



# ARIZONA DEPARTMENT OF CORRECTIONS

## APPLICATION FOR EMPLOYMENT

Web Address <http://www.adcprisoninfo.az.gov>



### STAFFING UNIT

1645 W. Jefferson, M/C 530  
Phoenix, Arizona 85007  
(602) 542-5609

### RUSH UNIT (Correctional Officer Applicants ONLY)

1645 W. Jefferson, M/C 511  
Phoenix, Arizona 85007  
(602) 542-7572

Announcement Number		Position Title	
Name		Social Security Number	
Address			
City		State	Zip Code
Home Telephone Number ( )		Work Telephone Number ( )	

Have you previously been employed by an Arizona State Agency? ☐ Yes ☐ No  
If yes, please specify agency(s) and time frames employed:

Are you applying for reinstatement? ☐ Yes ☐ No

♦♦♦ALL APPLICANTS (EXCEPT CORRECTIONAL OFFICER) MUST ATTACH A RESUME♦♦♦

*A prior felony conviction is not automatically grounds for disqualification, except for classifications of Correctional Officer and Special Investigator. Correctional Officer and Special Investigator applicants will be required to furnish more specific information on a separate background questionnaire.*

**CRIMINAL HISTORY** Other than minor traffic violations, do you have any criminal convictions? If this question is not answered, your application may be rejected. ☐ Yes ☐ No

**CORRECTIONAL OFFICER APPLICANTS ONLY** - Do you have any criminal arrests? ☐ Yes ☐ No  
If YES, give details below. Describe when, where and disposition of case.

**Reasonable Accommodation** Persons with a disability may request a reasonable accommodation, such as a sign language interpreter. Requests should be made as early as possible to allow time to arrange for the accommodation by contacting the Staffing Unit or RUSH at the telephone numbers above. This document is available in alternate formats upon request.

**CERTIFICATION** By signing this application, I certify that the facts contained in this application packet are true and complete to the best of my knowledge. I understand that if I become employed, falsified statements on this application shall be grounds for dismissal or removal from consideration for eligibility for other state employment or employment examinations. I authorize investigation of all statements and information contained herein. Specifically, I authorize the Department of Corrections to make all necessary and appropriate investigations allowable by law to verify the information provided. I understand that If I am hired, I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the IRCA of 1986. I understand I may be required to take a drug test which screens for illegal drug use prior to being appointed to a designated position. I understand that this is a condition of employment and I will not be hired by the Department if I refuse the drug test or if the drug test shows illegal drug use. I understand that drug screen results will be considered confidential. I understand and agree to the above conditions of employment.

Signature

Date

<input type="checkbox"/> A	Florence/Eyman *	<input type="checkbox"/> L	Lewis/Buckeye *	<input type="checkbox"/> P	Central Office (Phoenix)
<input type="checkbox"/> B	Perryville/Goodyear *	<input type="checkbox"/> K	Apache *	<input type="checkbox"/> T	RUSH (Phoenix)
<input type="checkbox"/> D	Winslow *	<input type="checkbox"/> G	Tucson *	<input type="checkbox"/> MC	Greater Phoenix Metro Area
<input type="checkbox"/> H	Douglas *	<input type="checkbox"/> J	Globe *	<input type="checkbox"/> PC	Greater Tucson Metro Area
<input type="checkbox"/> I	Safford/Fort Grant *	<input type="checkbox"/> E	Yuma *	<input type="checkbox"/> Z	Other _____
<input type="checkbox"/> C	Phoenix *	<input type="checkbox"/> II	COTA (Tucson)	* = State Prison	

<input type="checkbox"/> Apache County	<input type="checkbox"/> Greenlee County	<input type="checkbox"/> Pima County
<input type="checkbox"/> Cochise County	<input type="checkbox"/> La Paz County	<input type="checkbox"/> Pinal County
<input type="checkbox"/> Coconino County	<input type="checkbox"/> Maricopa County	<input type="checkbox"/> Santa Cruz County
<input type="checkbox"/> Gila County	<input type="checkbox"/> Mohave County	<input type="checkbox"/> Yavapai County
<input type="checkbox"/> Graham County	<input type="checkbox"/> Navajo County	<input type="checkbox"/> Yuma County

☐ Job Fair \_\_\_\_\_ ☐ Radio \_\_\_\_\_ ☐ TV \_\_\_\_\_  
☐ Newspaper \_\_\_\_\_ ☐ Other Source \_\_\_\_\_ ☐ Job Hotline ☐ Professional Publication  
☐ Website \_\_\_\_\_ ☐ Walked In ☐ Friend ☐ Job Announcement  
☐ Employee Referral

Pre-checked By _____ Meets KSA's _____ Meets MQ's _____ Analyst Initials _____ Applicant Notification _____ Written Exam Score _____ Board/Panel Score _____ Final Score _____	Test Date _____ (Date and initial each entry) <b>BACKGROUND</b> <input type="checkbox"/> Clear _____ <input type="checkbox"/> Disq _____ <input type="checkbox"/> Pending _____ <b>DOCUMENTS</b> <input type="checkbox"/> HS/GED <input type="checkbox"/> BC <input type="checkbox"/> DL <input type="checkbox"/> DD214 Not Req'd <input type="checkbox"/> DD214 Rec'd	(Date and initial each entry) <b>PSYCHOLOGICAL</b> <input type="checkbox"/> Clear _____ <input type="checkbox"/> R/T _____ <input type="checkbox"/> N/Q _____ <input type="checkbox"/> A/P _____ <input type="checkbox"/> Disq _____ <input type="checkbox"/> N/S _____ <input type="checkbox"/> BQ Take Home <input type="checkbox"/> BQ Rec'd <input type="checkbox"/> FB Card Rec'd	(Date and initial each entry) <b>MEDICAL</b> <input type="checkbox"/> Call _____ <input type="checkbox"/> Ltr _____ <input type="checkbox"/> Clear _____ <input type="checkbox"/> Defer _____ <input type="checkbox"/> Disq _____ <input type="checkbox"/> Pending _____ <input type="checkbox"/> N/S <input type="checkbox"/> N/S
Comments _____			

- ☐ Disabled Status
- ☐ Veteran Status
- ☐ Vietnam Era Veteran Status
- ☐ Disabled Veteran Status
- ☐ Spouse of Veteran Status

Supplement 31 Form ADOA (available upon request)  
Form DD214  
Form DD214  
Veteran's Administration Certification  
Veteran's Administration Certification

Information requested is for EEO reporting purposes and will not be considered as part of the application for employment

Announcement Number \_\_\_\_\_ Position Title \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - -

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Sex** ☐ Female ☐ Male **Birth Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **40 years of age or older** ☐ Yes ☐ No

**Ethnic Origin (Check mark Preferred)** ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Hispanic  
☐ White/Caucasian ☐ Black/African Descent ☐ Other

**Veteran** ☐ Yes ☐ No **Spouse of Veteran** ☐ Yes ☐ No **Orphan of Veteran** ☐ Yes ☐ No